



All social security numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information.

## ***Prosecuting Attorneys' Retirement Fund***

Social Security Number		Date of birth (MM/DD/YYYY)	
First Name	MI	Last Name	
Address			
City		State	Zip Code
Daytime Phone (Area Code First)		Evening Phone (Area Code First)	
Email Address		Date of Application / Today's Date (MM/DD/YYYY)	

**Indicate your retirement date below:**

**Retirement Date (MM/01/YYYY):**      / **01** /  
Month                  Day                  Year

Spouse's Name (Last, First, Middle Initial)	Spouse's Social Security Number
Spouse's Date of Birth (MM/DD/YYYY) - Please provide a copy of the birth certificate.	

If you are NOT married, then please check this box: ☐

Member Name (Last, First, Middle Initial)	Social Security Number
---	------------------------

## STEP 4: Employer Certification of Last Day in Pay Status

***This section should be completed by your employer.*** Federal law prohibits the Prosecuting Attorneys' Retirement Fund (PARF) from making distributions from the Fund prior to "separation from employment." Uninterrupted service in any capacity or reemployment that is a continuation of employment will prevent PARF from making distributions to the employee from the Fund.

Last day in pay status is the last day for which this employee was entitled to receive his or her regular wages. It will typically not be the last check date. Regular wages paid may include pay for a day worked, a sick day, vacation day or another paid leave permitted under your personnel policy. The last day in pay status is needed to process this member's benefit.

1. Last Day in Pay Status (MM/DD/YYYY): \_\_\_\_\_  
Month Day Year

2. Did the employer-employee relationship extend beyond the last day in pay status? ☐ Yes ☐ No

If you answered "Yes," then please explain: \_\_\_\_\_

I certify that the above information is true and accurate to the best of my knowledge and that I am the individual formally authorized to accept any pension liability for and on behalf of the governing body of this employer. I understand that any error in this certification of service can only be corrected prior to the processing of the member's benefit application.

Signature of Authorized Agent	Printed Name of Authorized Agent
Title of Authorized Agent	Date (MM/DD/YYYY)

## STEP 5: Have Your Application Notarized

You must sign this section in front of a Notary Public and then the Notary Public must sign, date and seal it.

I have carefully read the form and understand it. All of the information I have provided and the questions I have answered are full, complete and true, and no material fact has been concealed or omitted.

Pursuant to I.C.33-39-7-15, I certify that I am at least 62 years of age and have at least eight (8) years of creditable service in this Fund. Documents proving my date of birth may be an original or photocopy of a birth certificate, a baptismal or confirmation certificate, or court decree. Please attach an English translation to any foreign document. The birth certificate or other document will be returned upon request.

Sign  
here

Member Signature

Printed Name

Subscribed and sworn to before me, a Notary Public in and for the state and county named:

On this date \_\_\_\_\_  
MM/DD/YYYY

State of \_\_\_\_\_

County of \_\_\_\_\_

Commission Expiration Date (MM/DD/YYYY)

Notary Signature and Seal

Notary's County of Residence

Notary's State of Residence

Notary's Name (please print)